



**Medical Certificate for Former Councillor Members**

**SECTION 1 - Former Councillor's Details** (to be completed by the Former Employer)

<b>Name of Former Councillor:</b>		<b>Title:</b>	
<b>Home Address:</b>			
		<b>Post Code:</b>	
<b>N.I. Number:</b>		<b>Date of Birth:</b>	
<b>Former Employer:</b>		<b>Position held*:</b>	
<b>Date of Termination:</b>		<b>Date of Application:</b>	
*Please attach full details of the requirements of his / her former role in office.			

**SECTION 2 - Medical Practitioner's Certification**

<b>A</b>	<p>I certify that, in my opinion, this former Councillor <b>WAS / WAS NOT</b> (please delete as appropriate) at the date of application for the early payment of deferred benefits shown under Section 1, and on the balance of probabilities, permanently incapable, because of ill health or infirmity of mind or body, of discharging efficiently the duties of his / her former office as a Councillor which gave rise to the deferred benefits in the Local Government Pension Scheme.</p> <p>If deemed <b>WAS NOT</b> permanently incapable, please proceed to Section 4).</p>			
<p>If <b>WAS</b> has been selected under <b>Part A</b> and the former Councillor is <b>OVER</b> 55 at the date of application shown in Section1, please proceed straight to <b>Part C</b>. If <b>WAS</b> has been selected under <b>Part A</b> and the former Councillor is <b>UNDER</b> age 55 at the date of application shown in Section1, please proceed to <b>Part B</b> and then <b>Part C</b>.</p>				
<b>B</b>	<p>I certify that, in my opinion, the former Councillor <b>WAS / WAS NOT</b> (please delete as appropriate) at the date of application for early payment of deferred benefits shown in Section 1, permanently incapable by reason of disability caused by physical or mental infirmity of engaging in any regular full-time employment. <i>(Note: the answer to this question is used to determine whether the pension should be immediately increased under Pensions Increase legislation).</i></p>			
<b>C</b>	I certify that, in my opinion, this former Councillor:			✓
<b>1</b>	<b>IS</b> exceptionally ill, with a life expectancy of less than 1 year.			
	Is the former Councillor aware of this?	<b>YES</b>		<b>NO</b>
<b>2</b>	<b>IS NOT</b> exceptionally ill and has a life expectancy of 1 year or more.			

### SECTION 3 - Medical Practitioner's Comments

### SECTION 4 - Medical Practitioner's Declaration

**STAMP**  
(If applicable)

I **DO / DO NOT** (please delete as appropriate) attach a copy of my full report / assessment and certify that:

I have not previously advised, or given an opinion on, or otherwise been involved in the case **AND** I am not acting, and have not at any time acted, as the representative of the former Councillor member named in Section 1, the former authority or any other party in relation to this case **AND**

I hold a Diploma in Occupational Health Medicine (D Occ Med) or an equivalent qualification issued by a competent authority in an EEA State (with 'competent authority' meaning given by Section 55(1) of the Medical Act 1983), or I am an Associate, a Member or a Fellow of the Faculty of Occupational Medicine or of an equivalent institution in an EEA State.

<b>Signature:</b>			
<b>Print Name:</b>		<b>Date:</b>	

**This is a medical certificate provided in respect of a deferred councillor member by an independent, approved, duly qualified registered medical practitioner in accordance with regulation 97 of the Local Government Pension Scheme Regulations 1997 (as amended) and for the purposes of section 229(4) of the Finance Act 2004.**